

# Lake County Department of Utilities

## Confined Space Entry Permit

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Issued: \_\_\_\_\_ AM PM      Time Expires: \_\_\_\_\_ AM PM

Job Site / Space ID: \_\_\_\_\_

Equipment to Be Worked On / Task to Be Performed:

\_\_\_\_\_  
\_\_\_\_\_

Job Supervisor (print): \_\_\_\_\_

Source Isolation:	Zero Energy State	Yes	No	N/A
	Pumps or Lines Blinded			
	Disconnected or Blocked	Yes	No	N/A

Atmospheric Checks:	Time: _____ AM PM
	Oxygen: _____ %
	Explosive: _____ % L.F.L.
	H <sub>2</sub> S: _____
	CO: _____

Tester's Name (sign): \_\_\_\_\_

Ventilation Modification:	Mechanical Forced Air	Yes	No	N/A
	Natural Ventilation Only	Yes	No	N/A

Atmospheric Check (after ventilation):

Time: _____ AM PM
Oxygen: _____ %
Explosive: _____ % L.F.L.
H <sub>2</sub> S: _____
CO: _____

Tester's Name (sign): \_\_\_\_\_

Communication Procedure(s):

\_\_\_\_\_  
\_\_\_\_\_

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Rescue Procedure(s):

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Fire Department Phone Number: (     )     -     Availability Confirmed: \_\_\_\_\_

Equipment:

Atmospheric Monitoring Equipment Tested	Yes	No
Safety Harness and Lifelines in Place	Yes	No
Hoisting Equipment	Yes	No
Method of Communication in Place	Yes	No
Protective Clothing	Yes	No
Sufficient Number of Employees to Safely Work	Yes	No

Periodic Atmospheric Testing (15-minute intervals, at minimum):

Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____
Time : _____	Oxygen _____%	Explosive _____%	H <sub>2</sub> S _____	CO _____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any items are marked "No." The permit is not valid unless all appropriate items are completed.

Permit Prepared by (sign): \_\_\_\_\_

Attendant (sign): \_\_\_\_\_

Entrant(s) (sign): \_\_\_\_\_

Approved by Supervisor (sign): \_\_\_\_\_

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